STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Grace Haven Home Care LLC

Grace Haven Home Care LLC
10622 SE 266th Pl
Kent, WA 98030

RE: Grace Haven Home Care LLC License # 755446

Dear Provider:

This letter addresses Compliance Determination(s) 68239 (Completion Date 11/12/2025) and 64582 (Completion Date 09/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/12/2025 and found that you have corrected the violations listed in the Full report dated 09/05/2025. Your home is back in compliance as of 10/20/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10161-2-b, WAC 388-76-10161-3, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10290-1, WAC 388-76-10290-2, WAC 388-76-10415-1

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 08/22/2025 of:
Grace Haven Home Care LLC
10622 SE 266th Pl
Kent, WA 98030

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) | Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (WNDOB) background check was submitted for 2 of 4 staff (Staff B, Caregiver and Staff C, Caregiver) and 1 of 4 former staff (Staff F, Former Caregiver) as required. In addition, no criminal history disclosure statement was found for Staff B, C, and F. This placed residents at risk of potential harm from staff with an unknown criminal background.

Findings included…

On 08/22/2025 at 11:15 AM interview, Staff E, Caregiver, said that Staff B and Staff C were the full-time live-in caregivers in the home. At the 5:13 PM interview, Staff E said that Staff F was a full-time caregiver who departed employment from the AFH on 06/21/2024.

Staff B

This document was prepared by Residential Care Services for the Locator website.

During the full inspection on 08/22/2025, a review of Staff B's home orientation dated 11/17/2024 showed the AFH hired them on 11/17/2024. Staff B's file included a WNDOB background check dated 01/03/2025, had a "No Record" result. There was no record in Staff B's file that showed they signed a no criminal history disclosure statement when hired. Staff B's WNDOB background check was conducted 47 days after the date the AFH hired them.

Staff C
Review of Staff C's home orientation dated 12/10/2024 showed the AFH hired them on 12/10/2024. Staff C's files showed a WNDOB background check dated 12/30/2024 had a "No Record" result. There was no record in Staff C's file that showed they signed a no criminal history disclosure statement when hired. Staff C's WNDOB background check was conducted 20 days after the date the AFH hired them.

Staff F
Review of Staff F's home orientation dated 01/07/2023 showed the AFH hired them on 01/07/2023. Staff F's file showed a WNDOB background check dated 10/31/2024 had "No Record" result. There was no record in Staff F's file that showed they signed a no criminal history disclosure statement when hired. Staff F's WNDOB background check was conducted nine months and 24 days after the date the AFH hired them.

On 09/03/2025 at 3:00 PM phone interview, Staff A said that not submitting Staff F's WNDOB within one day of hire was an oversight.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Grace Haven Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

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(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 5 staff (Staff D, Caregiver and Staff E, Caregiver) hired after January 1, 2012, had the required national fingerprint-based background check (FBC) and 1 of 1 household member (HH1) over the age of 11 had a current Washington state name and date of birth (WNDOB) background check. This placed residents at risk of harm from a household member with unknown criminal history and from caregivers with unknown national criminal history.

Findings included …

According to WAC 388-76-101632 Background checks—National fingerprint background check.
(1) Individuals specified in WAC 388-76-10161(2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

According to WAC 388-76-10176 Background checks—Employment—Provisional hire—Pending results of national fingerprint background check.
The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161(2) for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:
(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

On 08/22/2025 at 11:15 AM interview, Staff E said that they and Staff D were “As needed” (on-call) caregivers in the AFH. At the 2:03 PM interview, Staff F said that HH1 used to live in the AFH but now comes to the AFH with Staff E occasionally. When asked the last time HH1 came to the AFH and had unsupervised access to the residents, Staff F said, “two weeks ago” (week of 08/08/2025).

Staff D
Record review of Staff D’s home orientation dated 06/28/2022 showed the AFH hired them on 06/28/2022. Staff D’s file showed a WNDOB background check dated 06/22/2022 with “No Record” result that expired on 06/28/2024. An interim FBC dated 06/05/2024 (expired on 05/05/2026) showed a WNDOB background check was conducted. There was no record of final FBC result for Staff D. Staff D’s FBC due within 120 days from hire date on 10/26/2022 and was 34 months overdue.

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Staff E
Record review of the home orientation dated 01/12/2022 showed the AFH hired them on 01/12/2022. Staff F's interim FBC dated 06/05/2025 showed a WNDOB background check was conducted. There was no record of final FBC result for Staff F. Staff F's FBC due within 120 days from hire date on 05/12/2022 and was 39 months overdue.

HH1
Record review of HH1's WNDOB background check dated 03/29/2023 showed "No Record" result and it expired on 03/29/2025. There was no other WNDOB background check found for HH1. HH1's WNDOB background check due on 03/29/2025 was five months overdue.

Review of email correspondence received on 09/03/2025 at 2:34 PM from the Background Check Compliance Unit (BCCU, a unit that processes background checks for Department of Social and Health Services service providers and programs who serve vulnerable individuals in WA state) showed the following:
-Staff D "interim results on 06/05/2024 entity decided to withdraw from fingerprinting" and no final fingerprint listed for the AFH.
-Staff F "interim fingerprint results on 06/05/2024, but inquiry had expired".
-HH1 "interim fingerprint result on 03/29/2023" and WNDOB background check was completed on 08/25/2025.

On 09/03/2025 at 3:00 PM phone interview, Staff A, Entity Representative, said that they were not aware HH1's WNDOB background check had expired and that Staff D and E did not complete their FBC process. Staff A said that they would send Staff D and E for their FBC appointment as soon as possible.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Grace Haven Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

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(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 1) who had [redacted] and 1 of 1 resident (Resident 2) who had [redacted] and overhead [redacted] were assessed for residents' identified needs, safety usage, and how the resident will use them included in their Negotiated Care Plan (NCP). In addition, the residents were not informed of the safety risks associated with the [redacted] and [redacted] use. This failure placed the residents at risk for injury from entrapment between the mattress and the [redacted] and prevented the two residents from making informed decisions about whether or not to use the [redacted] and overhead [redacted].

Findings included ...

According to WAC 388-76-10000 Definitions: "Medical device" as used in this chapter, means any piece of medical equipment used to treat a resident's assessed need.
(1) A medical device is not always a restraint and should not be used as a restraint;
(2) Some medical devices have considerable safety risks associated with use; and
(3) Examples of medical devices with known safety risks when used are transfer poles, Posey or lap belts, and side rails.

On 08/22/2025 at 11:30 AM, observation of Bedroom [redacted] (occupied by Resident 1) showed both sides of the bed had one/third [redacted] from the head of the bed. At 11:32 AM, observation of Bedroom [redacted] (occupied by Resident 2) showed both sides of the bed had one/third [redacted] from the head of the bed and an overhead [redacted] connected from the head of the bed to the foot of the bed.

On 08/22/2025 at 11:50 AM interview, Resident 1 said that they did not use the [redacted] then added that they use it for turning in bed at night.

On 08/22/2025 at 11:55 AM interview, Resident 2 said that they used the [redacted] and [redacted] for bed positioning.

Review of Resident 1's assessment dated 12/17/2024, showed that the resident

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required one-person extensive assistance with bed mobility and locomotion but did not show the use of [redacted]. Resident 1's NCP dated 02/15/2051, in the mobility and transfer section, showed the resident required one-person extensive assistance but did not show the need for [redacted] in equipment and supplies section.

Review of Resident 2's assessment dated 03/21/2025, showed Resident 2 required one-person extensive assistance for environment and bed mobility. The assessment also showed in the bed mobility section, that Resident 2 had a [redacted] but “Doesn’t use” it. Resident 2’s assessment did not show that they used [redacted]. Review of Resident 2's NCP dated 06/10/2024, showed the resident required one-person extensive assistance and the use of the [redacted] for bed mobility and transfer.

There was no record found that Resident 1 and Resident 2 were assessed for the need and safe usage of the [redacted], [redacted] or whether the residents or their representative were aware of the risks of using it.

On 08/22/2025 at 4:30 PM interview, Staff A, Entity Representative, said that Resident 1 did not use their [redacted] in the past, and Resident 2 used the medical devices for positioning and getting in and out of bed. When asked if there was an assessment done for safety risks and benefit, Staff A said that they thought it was documented in their assessment.

On 09/05/2025 at 3:00 PM phone interview, Staff A said that they sent the assessment form with Resident 2 to their physical therapy appointment today, 09/05/2025. Staff A said that they would remove the [redacted] of Resident 1 as soon as possible.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Grace Haven Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

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(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in Tuberculosis (TB) testing to ensure 2 of 2 staff (Staff A, Entity Representative and Staff B, Caregiver) had TB testing as required. This placed residents at risk of possible exposure to communicable disease.

Findings included…

According to WAC 388-76-10265 Tuberculosis—Testing—Required.
(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:
(d) Caregiver;

On 08/22/2025 at 12:00 PM, observation showed Staff B provided medication service to Resident 2 in their bedroom. At 2:00 PM, observation showed Staff B provided medication service to Resident 1 in their bedroom.

Staff A
Review of department record named Secure Tracking and Reporting System (a centralized software system used by Washington state agencies) on 09/03/2025, showed the AFH was licensed on 03/03/2022 and Staff A was the home's Entity Representative and Resident Manager since 07/16/2021.

Review of TB skin test dated 06/21/2022, showed it was read negative on 06/23/2022. A TB blood test dated 05/30/2024 showed positive result, and chest radiography (X-ray) dated 06/06/2024 showed negative for TB. There was no record the AFH evaluated Staff A for TB signs and symptom.

Staff B
On 08/22/2025 at 11:15 AM interview, Staff E, Caregiver, said that Staff B was a full-time live-in caregiver in the home.

Review of Staff B's home orientation record dated 11/17/2024 showed the AFH hired them on 11/17/2024.

On 08/24/2025 at 6:22 PM, the AFH sent via email correspondence another home orientation record dated 01/03/2025, showed that the AFH hired Staff B on 01/03/2025.

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Review of TB skin test record dated 09/27/2024, showed it was read negative on 09/30/2024. Another TB skin test record dated 10/23/2024 showed it was read positive on 10/25/2024.

On 09/03/2025 at 12:25 PM, the AFH sent via email correspondence Staff B's chest X-ray record dated 08/25/2025, showing no evidence of TB.

Staff B's files did not show any record the AFH evaluated them for signs and symptoms for TB within three days of hire. There was no record Staff B had chest X-ray within seven days of the positive TB skin test.

On 09/05/2025 at 3:10 PM interview, Staff A, Entity Representative, said that they thought the AFH sent the signs and symptoms TB questionnaire to the department the day after the department's visit. Staff B said that they would do so as soon as possible

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Grace Haven Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff A, Entity Representative) had current Continuing Education (CE) requirement in food safety training. This placed residents at risk for unmet needs according to current caregiving standards and food borne illnesses related to food handling issues.

Findings included…

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According to WAC 388-112A-0610. Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?
(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described in this section.
(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250.
(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050.

According to RCW 70.128.250 Required training and continuing education—Food safety training and testing.
The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer.
Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

Review of department record named Secure Tracking and Reporting System (a centralized software system used by Washington state agencies) on 09/03/2025, showed the AFH was licensed on 03/03/2022 and Staff A was the home’s Entity Representative and Resident Manager since 07/16/2021.

Review of Staff A’s food worker card record dated 01/30/2022 showed it expired on 01/30/2025 (seven months expired). Review of Staff A’s food safety CE dated 01/11/2024 showed it expired on 01/11/2025 (seven months expired).

On 08/22/2025 at 5:00 PM interview, Staff A said that they had renewed their food handling and food safety training. Staff A said that they would send it to the department when they were found.

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On 09/03/2025 at 12:33 PM via email correspondence, the AFH sent Staff A's food worker card dated 01/30/2022. It showed it expired on 01/30/2025.

As of 09/03/2025 at 5:00 PM, the AFH had not sent a current food worker card or food safety CE.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Grace Haven Home Care LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Provider (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

09/09/2025

Grace Haven Home Care LLC
Grace Haven Home Care LLC
10622 SE 266th Pl
Kent, WA 98030

RE: Grace Haven Home Care LLC # 755446

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/05/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:

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eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

The Adult Family Home (AFH) failed to ensure the completed Negotiated Care Plan (NCP) of Resident 1 was signed and agreed to by the resident and AFH. The AFH sent to the department via email correspondence Resident 1's NCP, signed and dated by Resident 1 and the AFH, one day after the department's visit.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) failed to ensure the completed disclosure of fees and charges forms provided to 1 of 2 residents (Resident 2) had a written acknowledgement of receipt, including the date and signature of the resident or resident representative. The AFH sent to the department via email correspondence Resident 2's signed and completed disclosure of fees and charges form one day after the department's visit.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

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(6) Is stored in a cool, dry location away from direct sunlight.

The Adult Family Home (AFH) failed to ensure there was an adequate supply of emergency drinking water for six residents (Residents 1, 2, 3, 4, 5, and 6) and two staff. The AFH had ten gallons of sealed emergency drinking water supply and three five-gallon (with unknown refill date) emergency drinking water supply in their storage area (24 gallons requirement). Staff F, Caregiver, bought five five-gallon of commercially bottled water before the end of the department's visit.

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

(v) Name of individual completing the task.

The Adult Family Home failed to dispose expired medication of Resident 2 when their supply of 29 Acetaminophen 500 milligrams tablets (medication to relieve pain), expired on 06/30/2025. In addition, the home's first aid kit contained five packets of Aspirin (a pain and fever reducer), expired on 04/2025. Staff F, Caregiver, recorded, disposed Resident 2's and first aid kit medications before the end of the department's visit.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) had a plan for continuity of resident care, services and AFH operations (succession plan) in the event the Provider was unable to fulfill their duties in the home, but the Provider had not documented the plan and placed a copy in their administrative records. The AFH Provider ensured their succession plan was documented and available for review one day after the licensing inspection.

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WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

The Adult Family Home (AFH) failed to ensure all five residents and/or their representative were aware of electronic video monitoring installed outside to the left of the AFH main door. The AFH notified the residents and representatives in writing one day after the inspection, retained the signed acknowledgement on each residents' records, and sent a copy to the department three days after the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure

Plan **(Plan of Correction)**

This document was prepared by Residential Care Services for the Locator website.

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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